

# **U.S.** Embassy Georgetown

100 Young and Duke Streets, Kingston, Georgetown



# 2015 Youth Ambassadors Program: Caribbean

**Student Application** 

**Instructions for completing this application:** Please fill out the application and answer all questions carefully and completely, in English. The information you provide on this application will provide the basis for selecting participants for this program. Semi-finalists will be contacted for an in-person or telephone interview.

### Student applicants must:

- ✓ Be a citizen and live in Guyana
- ✓ Be between 15 and 18 years old attending a public high school
- ✓ Have a strong academic record
- ✓ Possess leadership potential and commitment to community service
- ✓ Demonstrate good initiative, communication skills, and a positive attitude
- ✓ Have the ability to work in a team and be respectful of the opinions of others
- ✓ Have little or no previous exposure to the U.S.

Please submit the following required documentation listed below, along with your application:

- A copy of your birth certificate
- A copy of your school registration and school record for 2013 2014
- Two references

### Please submit applications by April 30, 2015

### Applications should be submitted to:

Public Affairs Section U.S. Embassy Georgetown 100 Young and Duke Streets Kingston, Georgetown

OR

Via E-mail to: <a href="mailto:PDGeorge@state.gov">PDGeorge@state.gov</a>

### If you have any questions, please feel free to contact:

Aretha Majeed Bobby Adelson

U.S. Embassy GeorgetownU.S. Embassy Georgetown100 Young and Duke Streets100 Young and Duke StreetsKingston, GeorgetownKingston, Georgetown

Telephone: 225-4900 Ext: 4018 Telephone: 225-4900 Ext: 4102 E-mail: <a href="mailto:pDGeorge@state.gov">PDGeorge@state.gov</a> E-mail: <a href="mailto:pDGeorge@state.gov">PDGeorge@state.gov</a>

**There is no application fee.** The United States Government will pay for all costs to participate in the program, including international travel to and from the United States, orientations, visa fees, and the exchange activities in the United States, including meals and lodging.

## **Youth Ambassadors Program: Caribbean**

**Student Application** 

## size photograph **Personal Information** here Name\_\_\_\_\_ Last (Family) First Middle Current Address Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Date of Birth (Month/dd/yyyy) \_\_\_\_\_\_ Age\_\_\_\_\_ City and Country of Birth \_\_\_\_\_ Country of citizenship or permanent legal residence Gender [ ] Male [ ] Female Parent/Guardian Information \*\*Your parent or guardian must sign the application at the end\*\* Parent/Guardian 1 Name Relation to you Address (if different from yours) Email \_\_\_\_\_ Occupation\_\_\_\_ Phone \_\_\_\_\_ Parent/Guardian 2 Relation to you Address (if different from yours) Phone \_\_\_\_\_ Email \_\_\_\_\_ Occupation Passport Information Do you have a valid passport? [ ] Yes [ ]No If yes, please attached a copy of your passport Passport Number \_\_\_\_\_ Expiration Date (mm/dd/yyyy)\_\_\_\_\_ Issuing Country **Travel Information** Have you ever traveled to the United States or another country? [ ] No [ ]Yes If yes, please provide a brief description of dates, length and nature of your stay(s):

Paste or staple a

recent passport-

of years studied
of years studied
ns
oup when you return home. Do you have an
oup when you return home. Do you have an

In what ways are you an effective leader? Using community, or home.	g two examples, describe how you are a leader in your school,
During this exchange, participants will act as am would help you fulfill this role?	nbassadors for their countries. What qualities do you have that
Participant Agreement/Parental Consent	
participate in <b>ALL</b> program activities in the Unite orientation and follow-on activities. I also under	tion is true and I agree that if chosen to participate, I will ed States and my country, including the pre-departure rstand that I must remain with the program throughout the the United States during the program is not permitted.
Applicant Signature	Date
I permit my child to apply for and, if selected, to	participate in this program.
Parent/Guardian signature(s)	Date
Parent/Guardian signature(s)	Date
MEDIA CONSENT: Please sign the following state	ment to give permissions for photos and videos
Department of State, including any agency, clier part, in all forms and media, for distribution to t further consent to the reproduction or use of the	photographs and video taken of, or including me, by the nt, publication or other organization or institution in whole or in the general public for the purposes of publicity and promotion. I ne photographs/information with or without my name, and a copyright of the photographs/information in their name.
Applicant Signature	Date
Parent/Guardian signature(s)	Date

# YOUTH AMBASSADORS PROGRAM: Caribbean

Reference
Applicant Name:
For the Applicant: Please submit two references with your application. The forms should be from a teacher or other adult outside your family who knows you well. The form must be completed in English. You may submit this form in paper with your application OR your reference can return the signed and completed form to:  Public Affairs Section  U.S. Embassy Georgetown  100 Young and Duke Streets  Kingston, Georgetown  OR Via E-mail to: PDGeorge@state.gov
For the person provoving reference: The student named above is applying to take part in the Youth Ambassadors Program, a three-week exchange program in the United States for students and adult mentors. The selected students will be in a challenging academic environment and intensive leadership training. To succeed, the participants must be highly motivated, and be able to adjust to living and working with people of different social and cultural backgrounds. We value your honest assessment of the applicant in helping us select the most appropriate participants. If you would like to add additional comments, we encourage you to do so. Your answers will remain confidential.
Please indicate your opinion of this applicant's ability to meet the challenges of this program  I strongly recommend this student  I recommend this student  I have minor reservations about recommending this applicant  I have major reservations about recommending this applicant  I do not recommend this student
How long, and in what context or capacity, have you known this applicant?
What are the applicant's strengths?
What are the academic or personal areas in which this applicant needs improvement?
Please describe the applicant's behavior or attitude with respect to authority, peer relationships, responsibility, and work activities.
Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?
Name (printed)
Signature Date